## **Application Data Sheet**

Secrecy Order in Parent Appl.?::

### **Application Information**

Application number::	
Filing Date::	02/09/04
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	RECEIVER ASSEMBLY FOR FIREARM
Attorney Docket Number::	006163.00004
Request for Early Publication?::	YES
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	14
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

NO

# **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	James
Middle Name::	
Family Name::	Finn
Name Suffix::	
City of Residence::	Alpha
State or Province of Residence::	Illinois
Country of Residence::	USA
Street of mailing address::	619 North 1st Street
City of mailing address::	Alpha
State or Province of mailing address::	Illinois
Country of mailing address::	USA
Postal or Zip Code of mailing address::	61413
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of mailing address::	
City of mailing address:	

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State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Correspondence Information	
Correspondence Customer Number::	22908
Representative Information	
Representative Customer Number::	22908
Domestic Priority Information	
LIOMASTIC PRINTITY INTOFMATION	

Parent Application::

Parent Filing Date::

Continuity Type::

Application::


#### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

#### **Assignee Information**

Assignee name:: Rock River Arms, Inc.

Street of mailing address:: 101 Noble Street

City of mailing address:: Cleveland

State or Province of mailing address:: Illinois

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 61241